For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2021

DLN: 93493072003353 OMB No. 1545-0047

Open to Public Inspection

		e 2021 c	 alendar year, or tax year begii	nning 05-01-2021 , and ending 04-	30-2022			
		pplicable:	C Name of organization TRUTHOUT			D Employ	er identi	fication number
	dress of me cha	change ange				20-003	31641	
□ Ini	tial ret	urn	Doing business as					
		n/terminated I return	Number and street (or P.O. box if n	nail is not delivered to street address) Room/s	suite	E Telepho	ne numbe	r
		on pending	PO BOX 276414			(818)	591-0060	)
			City or town, state or province, cou SACRAMENTO, CA 95827	ntry, and ZIP or foreign postal code				
			F Name and address of principal	al officer.		<b>G</b> Gross r		2,314,333
			ROBERT NAIMAN	al officer:		this a group re bordinates?	eturn for	□Yes <b>☑</b> No
			PO BOX 276414 SACRAMENTO, CA 95827		<b>H(b)</b> Ar	e all subordina	ites	Yes No
Та	x-exen	npt status:	✓ 501(c)(3) ☐ 501(c)() ◀	(insert no.) 4947(a)(1) or 527		cluded? "No," attach a	list. See	
w	ebsit	e:► WW	W.TRUTHOUT.ORG	· · · · · · · · · · · · · · · · · · ·		oup exemption		
<b>∢</b> Forr	n of or	ganization:	✓ Corporation ☐ Trust ☐ Ass	ociation  Other	L Year of fo	ormation: 2003	M State	e of legal domicile: CA
Pa	art I	Sumi	nary					
e)	т	RUTHOUT		or most significant activities: REVEALING SYSTEMIC INJUSTICE AND F RTING AND CRITICAL ANALYSIS.	ROVIDING A	A PLATFORM FO	OR TRAN	SFORMATIVE IDEAS
Activities & Governance	=							
E e	-							
ģ				scontinued its operations or disposed of		25% of its net		1
ಶ ^			•	ng body (Part VI, line 1a) f the governing body (Part VI, line 1b)			3	
ě				alendar year 2021 (Part V, line 2a)			5	2:
An 3			· ·	cessary)			6	
₹	7a	Total unre	elated business revenue from Par	t VIII, column (C), line 12			7a	
	b	Net unrel	ated business taxable income fro	m Form 990-T, Part I, line 11	<u> </u>		7b	
		Caratrilares	(and and analts (DarkVIII line 4h			Prior Year	414	Current Year
ē	1		ions and grants (Part VIII, line 1h service revenue (Part VIII, line 2g			2,683	414	2,286,22
Ravenue		-	nt income (Part VIII, column (A),	1	116	16,11		
Œ			enue (Part VIII, column (A), lines			9	699	11,99
	12	Total reve	enue—add lines 8 through 11 (mu	ust equal Part VIII, column (A), line 12)		2,694	.229	2,314,33
			, ,	column (A), lines 1–3 )				
			paid to or for members (Part IX, controls to or for members (Part IX, controls to or for members to or for members to or for for for for for for for for for	olumn (A), line 4) enefits (Part IX, column (A), lines 5-10)		1,346	2//	1,457,08
1565				mn (A), line 11e)		1,340	,344	1,437,08
Expenses			aising expenses (Part IX, column (D),					
Щ	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		779	326	927,80
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)		2,125	670	2,384,89
(n	19	Revenue	less expenses. Subtract line 18 fr	om line 12		568		-70,56
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year
Bala	20	Total asse	ets (Part X, line 16)			950	881	881,85
2 E	21	Total liab	lities (Part X, line 26)	3	.000	169,30		
			s or fund balances. Subtract line	21 from line 20		947	.881	712,54
	irt II r pena		ature Block erjury, I declare that I have exam	nined this return, including accompanyin	g schedules	and statement	s, and to	the best of my
	ledge nowle		f, it is true, correct, and complete	e. Declaration of preparer (other than of	ficer) is base	ed on all inform	nation of	which preparer has
		*****				2022 02 12		
Sign			ire of officer			2023-03-13 Date		
lere		ZIGGY	JEFFERY PUBLISHER					
		Type or	print name and title					
		Pi	rint/Type preparer's name	Preparer's signature	Date	Check $\square$ if	PTIN P0033544	<u></u> _
Paid		Fi	rm's name Linka and Associate C	PA APC		self-employed Firm's EIN ► 85	i-2 <b>1</b> 57210	
	pare On	;; 						
J 3 6	- OII	·y   Fi	rm's address ► 5959 Topanga Canyon			Phone no. (818)	691-0060	J
	. ==		Woodland Hills, CA 9:					
ηay t	ne IR:	5 discuss	tnis return with the preparer sho	wn above? (see instructions)			. ⊻	Yes 🗌 No

Cat. No. 11282Y

Form **990** (2021)

Form	990 (2	021)				Page <b>2</b>
Pa	rt III	Statement of Program Se	rvice Accomplisi	nments		
		Check if Schedule O contains a	response or note to a	ny line in this Part III		🗆
1	Briefly	describe the organization's miss				
		VORKS TO SPARK ACTION BY RE IVESTIGATIVE REPORTING AND (		INJUSTICE AND PROVIC	DING A PLATFORM FOR TRANSFORM	ATIVE IDEAS, THROUGH
2	Did th	e organization undertake any sig	nificant program serv	vices during the year wh	ich were not listed on	
	the pr	ior Form 990 or 990-EZ?				☐ Yes ☑ No
	If "Yes	s," describe these new services or	n Schedule O.			
3	Did th	e organization cease conducting,	or make significant o	hanges in how it condu	cts, any program	
		es?				☐ Yes ☑ No
4	Descri Sectio	be the organization's program se	rvice accomplishmen izations are required	to report the amount of	argest program services, as measu f grants and allocations to others, th	red by expenses. ne total
4a	(Code:	) (Expenses \$	2.168.438	including grants of \$	) (Revenue \$	2,286,224 )
		ditional Data	_,,	g g.a v	/ ( ·	_,,
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		program services (Describe in Sonses \$	chedule O.) including grants of	\$	) (Revenue \$	)
4e	Total	program service expenses >	2,168,43	38		

19

12a

12b

15

16

17

18

21

No

Nο

No

Nο

No

No

No

Nο

Nο

No

No

Nο

Form **990** (2021)

Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

11 or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d 

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f Nο

13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form	990 (2021)			Page <b>4</b>			
Pai	t IV Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?						
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No			
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	_		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36		36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes				
Pa	Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
	5 - 1 - 1 - 1 - 1 - 2 - 6 - 400 5 - 1 - 0 · 7 - 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1		Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 74  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0	1 1					
D	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .   1b   0						

Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			- age <b>3</b>
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	$\vdash$		140
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			0
_		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		- =	
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16		16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
			orm QQ	0 (2021)

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rm	990 (2021)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to	<b>V</b>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on	12c	Yes	
3	Schedule O how this was done	13	163	No
4	Did the organization have a written document retention and destruction policy?	14		No
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			110
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
C-	status with respect to such arrangements?	16b	_	
<u>Se</u>	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶			
•	List the states with which a copy of this Form 550 is required to be filed.			
8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section			

☐ Own website ☑ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: LINKA ASSOCIATES APC 5959 VENTURA BLVD 335 WOODLAND HILLS, CA 91364 (818) 691-0060

Form **990** (2021)

Part VII	Compens
	and Inde

## ation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, pendent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) (A) (B) (C) (D) (E) Name and title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation amount of other hours per compensation week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual to or director Highest compensatemployee Forme organizations MISC/1099-MISC/1099related Institutional 즇 below dotted NEC) NEC) organizations employee line) trustee Trustee 40.00 (1) MAYA SCHENWAR 0 96,231 EDITOR IN CHIEF 0.00 40.00 (2) ZIGGY JEFFERY . . . . . . . . . . . . . . . . . . . 95,684 0 PUBLISHER 0.00 10.00 (3) LEWIS GORDON ...... 0 Treasurer 0.00 10.00 (4) HENRY A GIROUX ...... Х 0 0 Secretary 0.00 10.00 (5) ROBERT NAIMAN 0 Χ President 0.00 Form 990 (2021)

Par	Section A. Officers, Direct	ors, Trustees	, Key I	mpl	oye	es,	and I	High	nest Coi	npensate	ed Employees	(cont	tinued)		
	hours pe week (lis any hou		Average hours per than one box, unless person week (list any hours director/trustee)  Position (do not check more R cordinates than one box, unless person cordinates than officer and a director/trustee)							(D) (E) portable Reportable compensation from related organizations			(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)  Individual trustee    Individual trustee   Indi													
												4			
												4			
												+			
												+			
												+			
												_			
												$\perp$			
												$\perp$			
	Sub-Total						<b>&gt;</b>					+			
	otal (add lines 1b and 1c)	•					•			191,915					
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	re than \$1	00,000				
													Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, ke	ey e	mplo •	oyee, o	or hi	ghest cor	mpensated	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization										n the				
	individual			•	•	•	•	•		• •		4		No	
5	Did any person listed on line 1a receivers rendered to the organization								_			5		No	
Se	ction B. Independent Contract														
1	Complete this table for your five higher from the organization. Report comper	est compensate esation for the c	d indepe alendar	ender year	nt co end	ntra ling	ctors with o	that r wit	received hin the o	more than organization	\$100,000 of cor o's tax year.	npen	sation		
	•	(A) and business addre		-							(B) ription of services		Compe	c) nsation	
MARK	A PROVOST									ADVERTISIN				105,000	
	AMERON STREET HESTER, NH 03103														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1

Form **990** (2021)

Part		Statement	of E	Pevenue						Page <b>9</b>
Ган	VIII				resp	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
20	1a	Federated campaig	gns		1a			revenue		1 312 314
unts	b	Membership dues		. [	1b					
0.E 19.E	С	Fundraising events		. [	1c					
fs. A	d	Related organization	ons		1d					
nila n	е	Government grants (	contr	ibutions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts i	s, gift	cluded						
her	_	above Noncash contributions		L	1f	2,286,224				
i i	g	lines 1a - 1f:\$	5 IIICI		1g					
Con	h	Total. Add lines 1a	a-1f			>	2,286,224			
						Business Code				
	2a	POLITICAL NEWS WE	BSIT	E						
H.e										+
e ve	Ь									
Program Service Revenue	_ د									
er vi										+
S S	d									
grar	e									
ď	-									+
	f	All other program	serv	ice revenue						
	_	Total. Add lines 2				0	_	1		
		Investment income imilar amounts) .			ends,	interest, and other	16,111			16,111
	4:	Income from invest	men	t of tax-exe	mpt b	ond proceeds				
	5	Royalties				•	11,998	11,998		
				(i) Rea	ıl	(ii) Personal	-			
	6a	Gross rents	6a							
	b	Less: rental expenses	6b				1			
	c	Rental income	0.0				-			
		or (loss)	<b>6</b> c							
	d	Net rental income	or (			(") 01		)		
	7-	Gross amount		(i) Secur	ties	(ii) Other	-			
	/ a	from sales of assets other	7a							
		than inventory					_			
	b	Less: cost or other basis and	7b							
		sales expenses	$\vdash$				-			
	С	Gain or (loss)	7c							
		Net gain or (loss)					C	)		4
e	8a	Gross income from fu (not including \$ contributions reported								
en		contributions reported See Part IV, line 18	d on	line 1c).						
Other Revenue		Less: direct expen			8a 8b		-			
er	l .	Net income or (los								
Ott										
	9a	Gross income from See Part IV, line 19	gami •	ing activities.	9a					
	b	Less: direct expen	ses		9b		-			
	c	Net income or (los	s) fr	om gaming	activit	ies		)		- 1
		- C								
	108	Gross sales of inve returns and allowa	nces	ry, iess	10a					
	ь	Less: cost of good	s sol	ld	10b		1			
	_ c	Net income or (los			inven	T -				
	4.	Miscellaneo	us R	evenue		Business Code	-			
	11	d								
	6									
	١,							-		
	`									
	ا	All other revenue				-				+
		Total. Add lines 1				•	1			
		Total revenue. S					C			
			11			• • • •	2,314,333	11,998		16,111

Form 990 (2021)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	emplete all columns.	All other organization	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to any	•	<del>-</del>		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0		3	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	191,914	95,957	95,957	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	1,093,589	1,093,589		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	48,237	48,237		
9 Other employee benefits	18,060	18,060		
<b>10</b> Payroll taxes	105,288	105,288		
11 Fees for services (non-employees):				
a Management	0			
b Legal	11,700		11,700	
c Accounting	4,875		4,875	
d Lobbying	0	+		
e Professional fundraising services. See Part IV, line 17	0	-	+	
-	0		-	
f Investment management fees		4	40.000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,000		10,000	
12 Advertising and promotion	268,926	268,926		
13 Office expenses	4,148	4,148		
14 Information technology	158,042	158,042		
15 Royalties	2,288	2,288		
<b>16</b> Occupancy	0			
17 Travel	2,018	2,018		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	3,686	3,686		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	505	505	+	
23 Insurance	93,927		93,927	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	33,321		33,327	
a OUTSIDE SERVICE	173,671	173,671		
b CREDIT CARD PROCESSING	84,289	84,289		
c UNREALIZED LOSSES	27,438	27,438		
d REALIZED LOSSES	22,050	22,050		
e All other expenses	60,246	60,246		
25 Total functional expenses. Add lines 1 through 24e	2,384,897	2,168,438	216,459	C
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2021)

Fund Balances

5 29

Assets 30

27

28

31

32

33

End of year

5

6

7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

21,168

684

950,881

3.000

3.000

947.881

947,881

950,881

Page **11** 

37,209

843,960

0 0

0

0

0

0

0

264

0 0

0

0

419

881,852

169,306

169.306

712.546

712,546

881,852

Form 990 (2021)

Check if Schedule O contains a response or note to any line in this Part IX	

1	Cash-non-interest-bearing	41,702	1	
2	Savings and temporary cash investments	887,327	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	

59,737

59,473

Beginning of year

3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Inventories for sale or use .

Assets Prepaid expenses and deferred charges .

basis. Complete Part VI of Schedule D

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation Investments—publicly traded securities .

10a 10b Investments-other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11

Intangible assets . .

11

Other assets. See Part IV, line 11 . . .

12 13 14 15 16

17 Accounts payable and accrued expenses .

18 Grants payable .

Total assets. Add lines 1 through 15 (must equal line 33) . 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . .

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key

employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .

21 Liabilities 22 23

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

24 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow FASB ASC 958, check here ▶

complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here 

and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Net assets without donor restrictions

2c

За

3b

Nο

Form 990 (2021)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

## **Additional Data**

**Software ID:** 21013475 **Software Version:** 2021v4.1

> **EIN:** 20-0031641 Name: TRUTHOUT

Form 990 (2021) Form 990, Part III, Line 4a:

TRUTHOUT IS AN INDEPENDENT. NONPROFIT NEWS WEBSITE, CENTERING ON AMERICAN POLITICS. HUMAN RIGHTS AND WORLD AFFAIRS.

	e GK/	APHIC prii	<u> 1t - DO NO</u>	T PROCESS	As Filed Data -			DLN: 93	3493072003353
(For	m 99	,	Con		Charity Statu rganization is a sect	ion 501(c)(3) c empt charitable	organization or trust.	ort	2021
-		f the Treasury nue Service	▶ (	Go to <u>www.irs</u>	► Attach to Form sagov/Form990 for in			ormation.	Open to Public Inspection
Name TRUTH		he organiza	tion					Employer identific	ation number
Pai	et T	Peacon	for Public	Charity State	us (All organization	s must comple	to this part \ S	20-0031641	
					it is: (For lines 1 thro			dee mad decions.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>sect</b>	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3						•	, ,	<b>.</b>	
_		,	·	·	vice organization desc			•	
4	П	A medical r		nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			ition operate ( <b>iv).</b> (Comple		t of a college or unive	rsity owned or op	erated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).	
7				mally receives ( <b>vi).</b> (Complete	a substantial part of it Part II.)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desci	ibed in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	[.)		
9					escribed in <b>170(b)(1)</b> ee instructions. Enter				ege or university or a
10	✓	from activit investment	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 actions—subject to cer ess taxable income (lemplete Part III.)	tain exceptions, a	and (2) no more	than 33 1/3% of its s	
11		An organiza	tion organize	ed and operated	d exclusively to test fo	r public safety. S	ee <b>section 509</b>	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supportin	09(a)(1) or sec	tion 509(a)(2	). See section 509(a	
а		Type I. A s organizatio	supporting or n(s) the pow	ganization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		<b>Type II.</b> A manageme	supporting o	rganization sup	ervised or controlled i				
С		Type III f	unctionally i	ntegrated. A s	supporting organizations). You must com				ted with, its
d		Type III n functionally	on-function integrated.	<b>ally integrate</b> The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated i fy a distribution i	in connection wi requirement and	th its supported orgar	
e					ved a written determin integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	-				_			
g					pported organization(			_	
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your governi	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Total					nstructions for	Cat. No. 11285	·-		A (Form 990) 2021

Part III

10,181,239

851.900

851,900

9,329,339

10,181,239

18,746

18,746

34,452

10,234,437

91.160 %

0.180 %

Ω

Ω

(f) Total

n

_	Section A. Public Support			-	-		
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	1,526,208	1,720,075	1,965,318	2,683,414	2,286,224	10,181,239
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0

1.720.075

230.000

230.000

1,720,075

379

379

778

1,721,232

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . ▶ ☑

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . ▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ 📙

(b) 2018

1.965.318

155,900

155,900

1.965,318

420

420

9,351

1,975,089

(c) 2019

2.683.414

(d) 2020

2,683,414

1,116

1.116

9,699

2,694,229

2.286.224

235.000

235,000

2,286,224

16,111

16.111

11,998

Schedule A (Form 990) 2021

2,314,333

15

16

17

(e) 2021

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

Support Schedule for Organizations Described in Section 509(a)(2)

231.000

1,526,208

720

720

2,626

Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . .

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . . .

Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . .

Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .

1,529,554

(a) 2017

the organization fails to qualify under the tests listed below, please complete Part II.)

5 The value of services or facilities
furnished by a governmental unit to
the organization without charge
6 Total. Add lines 1 through 5
7a Amounts included on lines 1, 2, and
3 received from disgualified persons

Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of

\$5,000 or 1% of the amount on line

Public support. (Subtract line 7c

(or fiscal year beginning in) ▶

dividends, payments received on securities loans, rents, royalties

and income from similar sources
. .
Unrelated business taxable income
(less section 511 taxes) from

businesses acquired after June 30,

Net income from unrelated business

activities not included on line 10b,

Other income. Do not include gain or loss from the sale of capital

Section D. Computation of Investment Income Percentage

Section C. Computation of Public Support Percentage

whether or not the business is regularly carried on.

assets (Explain in Part VI.) . . Total support. (Add lines 9, 10c,

11, and 12.).

Amounts from line 6. . . Gross income from interest.

Add lines 10a and 10b.

13 for the year.

from line 6.)

1975.

10a

C

11

12

14

15

16

17

18

20

Add lines 7a and 7b. .

Section B. Total Support

Calendar year

Part IV Supporting Organizations

organization's organizing document?

6

7

8

10a

answer line 10b below.

the organization had excess business holdings).

Yes

5b

5c

7

9с

10a

10b Schedule A (Form 990) 2021

Page 4

No

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Substitutions only. Was the substitution the result of an event beyond the organization's control?

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

9a

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

Pa	art IV Supporting Organizations (continued)		<u> </u>	age <b>5</b>
			Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		<b></b>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
5	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
5	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant			
•	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	24		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
-	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b> b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.			

instructions)

Page 6

	instructions. All other Type III non-functionally integrated supporting organization	ations n	nust complete Sections A	through E.
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	d Type III supporting or	ganization (see

e Excess from 2021. . . . .

Section D - Distributions

**Current Year** 

Schedule A (Form 990) (2021)

Page **7** 

4 5 Other distributions (describe in Part VI). See instructions 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide 8 details in Part VI). See instructions Distributable amount for 2021 from Section C, line 6 9 10 (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions)

10 Line 8 amount divided by Line 9 amount Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016. . . . . . .

**b** From 2017. . . . . . . c From 2018. . . . . . . d From 2019. . . . . . . e From 2020. . . . . . . f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see

instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2.

If the amount is greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021, Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2017. . . . . **b** Excess from 2018. . . . . c Excess from 2019. . . . . d Excess from 2020.

Schedule A	(Form 990) 2021 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Facts And Circumstances Test

SCHEDULE D

## **Supplemental Financial Statements**

OMB No. 1545-0047 2021

DLN: 93493072003353

(Form 990)

		iplete if the organization ansi						U Z	L
Depai	ertment of the Treasury	ine 6, 7, 8, 9, 10, 11a, 11b, 11 ➤ Attach to For			126.		Oper	1 to Pu	blic
Interr	nal Revenue Service	<u>w.irs.gov/Form990</u> for instruc	ctions a	nd the latest info				spectio	1 ***
	ame of the organization UTHOUT				Emp	oloyer identific	ation	numbe	r
						0031641			
Pa	Organizations Maintaining Complete if the organization				or Acc	counts.			
	Complete if the organization			ised funds		(b) Funds and	other	accounts	
1	Total number at end of year					. ,			
2	Aggregate value of contributions to (duri	ing year)							
3	Aggregate value of grants from (during y	/ear)							
4	Aggregate value at end of year								
5	Did the organization inform all donors ar organization's property, subject to the o					funds are the		Yes 🗆	] No
6	Did the organization inform all grantees, charitable purposes and not for the bene private benefit?	efit of the donor or donor advisor	r, or for	any other purpose	be use conferr	ed only for ing impermissib		Yes 🗆	] No
Pa	art III Conservation Easements.							103	1110
	Complete if the organization								
1	Purpose(s) of conservation easements h	neld by the organization (check a	ll that a						
	Preservation of land for public use	(e.g., recreation or education)		Preservation of an	histor	ically important	land a	area	
	Protection of natural habitat			Preservation of a	certifie	d historic struct	ure		
	Preservation of open space								
2	Complete lines 2a through 2d if the orga easement on the last day of the tax year		ation co	entribution in the fo	rm of a	conservation  Held at the	End o	of the Ye	ear
а	Total number of conservation easements	5			2a				
b	Total acreage restricted by conservation	easements			2b				
C	Number of conservation easements on a	certified historic structure includ	ded in (a	a)	2c				
d	structure listed in the National Register .				2d				
3	Number of conservation easements mod tax year	dified, transferred, released, exti	nguishe	d, or terminated by	the or	ganization durin	g the		
4	Number of states where property subject	ct to conservation easement is lo	cated <b>&gt;</b>						
5	Does the organization have a written po and enforcement of the conservation eas	olicy regarding the periodic monit	oring, ir	nspection, handling	of viola	– ations,	'es	□ No	
6	Staff and volunteer hours devoted to mo	onitoring, inspecting, handling of	violatio	ns, and enforcing co	onserv				
7	Amount of expenses incurred in monitor  \$ \\$	ring, inspecting, handling of viola	itions, a	nd enforcing conser	vation	easements duri	ng the	e year	
8	Does each conservation easement repor	abad an line 2/d) abays antistic de			70/h)/	4)/P)/;)			
0	and section $170(h)(4)(B)(ii)$ ?				70(n)(·	4)(B)(I)	<b>'</b> ee	□ No	
9	In Part XIII, describe how the organizati balance sheet, and include, if applicable, the organization's accounting for consen	, the text of the footnote to the				atement, and	CS	_ 110	,
Pai	organizations Maintaining Complete if the organization	g Collections of Art, Histor			er Si	milar Assets.			
<b>1</b> a	If the organization elected, as permitted historical treasures, or other similar asse Part XIII, the text of the footnote to its f	ets held for public exhibition, edi	ucation,	or research in furth				,	
b	If the organization elected, as permitted historical treasures, or other similar asso following amounts relating to these item	ets held for public exhibition, edu							
	(i) Revenue included on Form 990, Part VI	III, line 1				<b>&gt;</b> \$			
(	(ii) Assets included in Form 990, Part X					. ▶\$			
2	If the organization received or held work following amounts required to be reported	ks of art, historical treasures, or	other si	milar assets for fina					_
а	Revenue included on Form 990, Part VII	II, line 1				. > \$			

Pai	t II	I Organizations M	aintaining Col	lections of Art,	Histori	cal Tr	easures, o	r Other	Similar A	ssets (con	tinued)
3		ing the organization's acq ms (check all that apply):		n, and other records	s, check	any of t	he following	that are a	significant (	use of its co	llection
а		Public exhibition			d		Loan or exch	nange prog	ırams		
b		Scholarly research			е		Other		•••••	***************************************	••••
С		Preservation for future	e generations								
4		ovide a description of the rt XIII.	organization's col	lections and explair	how the	y furth	er the organi	ization's ex	cempt purpo	se in	
5		iring the year, did the org sets to be sold to raise fur								☐ Yes	□ No
Pa	rt I	Complete if the or X, line 21.			rm 990	, Part	IV, line 9, c	or reporte	ed an amou	unt on For	n 990, Part
1a		the organization an agent cluded on Form 990, Part								Yes	□ No
b	If	"Yes," explain the arrange	ement in Part XIII	and complete the f	ollowing	table:			А	mount	_
c	Ве	ginning balance						1c			
d	Ad	ditions during the year .						1d			
е	Dis	stributions during the year	r					1e			
f	En	ding balance						1f			
2a	Die	d the organization include	an amount on Fo	rm 990, Part X, line	21, for	escrow	or custodial	account lia	bility?	☐ Yes	□ No
b	If '	"Yes," explain the arrange	ement in Part XIII	Check here if the	explanati	on has	been provide	ed in Part )	KIII		
	art V	_			•						
		Complete if the or	ganization answ								
1-	Pos	inning of year balance		(a) Current year	<b>(b)</b> P	rior year	(c) Two	years back	(d) Three ye	ars back (e)	Four years back
	_	inning of year balance . tributions					_				
			as and losses								
		investment earnings, gair	•								
		nts or scholarships					_				
е		er expenditures for faciliti programs	es								
f	Adm	ninistrative expenses .									
g	End	of year balance									
2	Pro	ovide the estimated perce	ntage of the curre	ent year end balanc	e (line 1	g, colun	nn (a)) held	as:			
а	Во	ard designated or quasi-e	ndowment 🟲	***************************************							
b	Pe	rmanent endowment ►									
С	Te	rm endowment 🕨									
	Th	e percentages on lines 2a		ld equal 100%.							
3а		e there endowment funds ganization by:	not in the posses	sion of the organiza	ation that	are he	ld and admir	nistered fo	r the		Yes No
		Unrelated organizations								3a(i)	<del></del>
b	•	) Related organizations "Yes" on 3a(ii), are the re			on Sche	dule R?	: : :			3a(ii) 3b	
4	De	escribe in Part XIII the inte	ended uses of the	organization's endo	owment f	unds.					
Pa	rt V				000	De !	n/ li= = = = = :	C	000	V 11	
	Dec	Complete if the or scription of property	ganization answ (a) Cost or oth		rm 990 st or other			cumulated o			Book value
	Des	scription of property	(investme		e or ourier	54515 (0	(c) //c	camalaca	Гергесіацогі	(4)	Sook value
<b>1</b> a	Land	d									
b	Buil	dings									
c	Leas	sehold improvements									
d	Equ	ipment									
		er					9,737		59,473		264
Tat	al A	dd lines 1a through 1e //	Column (d) must s	aual Form 990 Par	+ Y coli	mn (P)	line 10(c) )		<b>▶</b> □		264

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on Form 990, F  (a) Description of security or category  (including name of security)	Part IV (b) Book value	Cos	orm 990, Part X, (c) Method of va t or end-of-year m	luation:
(1) Financia	l derivatives	Value	•		
(2) Closely-l (3)Other	held equity interests				
(A)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, F	art IV	line 11c. See F	orm 990, Part X	, line 13.
	(a) Description of investment		(b) Book value		od of valuation: f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	F			
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' on Form 990, Po	art IV,	line 11d. See For	m 990, Part X, lin	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P.				Part V line 25
1.	(a) Description of liability		ille TTe Of TTI	see Form 990, F	(b) Book value
(1) Federal	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the	organization's fin-	ancial statements	that reports the
	or uncertain tax positions. In Part XIII, provide the text of the foothot is liability for uncertain tax positions under FIN 48 (ASC 740). Check I				_

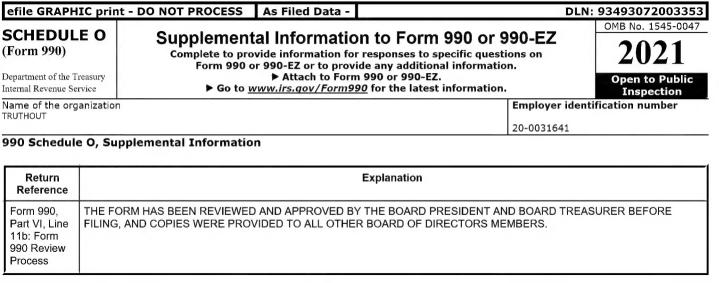
Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Schedule D (Form 990) 2021

1

а	Net unrealized gains (losses) on ir	nvestments	2a		
b	Donated services and use of facilit	ties	2b		
c	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c	c. (This must equal Form 990, Part I, line 12.)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part		s per Returi	n.
1	Total expenses and losses per aud	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facilit	ties	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.) .		4b		
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	)	5	
Par	t XIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			4; Part X, line 2; Part
	Return Reference	Explanation			

Part XIII	Supplemental Infor	mation (continued)	
Reti	urn Reference	Explanation	



Return Reference Explanation

Form 990, AVAILABLE ON CALIFORNIA ATTORNEY GENERAL WEB SITE.

990 Schedule O, Supplemental Information

Part VI, Line
19: Other
Organization
Documents
Publicly
Available

Return Reference Explanation

Other AUDITED ACCRUED VACATION/EXPENSES PRIOR PERIOD = -\$164771

990 Schedule O, Supplemental Information

Changes In
Net Assets
Or Fund
Balances Other
Decreases